



King County

Benefits, Payroll and
Retirement Operations

RETIREMENT STATUS FORM

Employee completes top section only*

Employee name (please print clearly) _____

Employee ID 0000 _____ Date of birth _____

Retirement means receiving a lifetime, defined benefit. Members who are only separated or who are only receiving Plan 3 defined contributions do not meet the definition of retirement.

1. Are you retired from one of the Washington State Retirement Systems? Yes ☐ No ☐
2. Are you retired from or have you ever been a member of the City Employees' Retirement System of Seattle, Spokane or Tacoma? Yes ☐ No ☐
If yes, which one? _____
3. Are you currently employed by another public employer (other than King County) and contributing to a Washington State Retirement System? Yes ☐ No ☐

Employee signature _____ Date _____

Do Not Complete Below

Benefits, Payroll and Retirement Operations completes lower portion of form

Document previous retirement membership using MRV:

If the employee answered "yes" to any of the questions above, contact DRS Employer Support Services at drsemployer@drs.wa.gov.

Has the employee ever been a member of a Washington State Retirement System? Yes ☐ No ☐

If yes, what system and plan?

Teachers' Retirement System	Plan 1 <input type="checkbox"/>	Plan 2 <input type="checkbox"/>	Plan 3 <input type="checkbox"/>
School Employees' Retirement System		Plan 2 <input type="checkbox"/>	Plan 3 <input type="checkbox"/>
Public Employees' Retirement System	Plan 1 <input type="checkbox"/>	Plan 2 <input type="checkbox"/>	Plan 3 <input type="checkbox"/>
Public Safety Employees' Retirement System		Plan 2 <input type="checkbox"/>	
Law Enforcement Officers' and Fire Fighters' Retirement System	Plan 1 <input type="checkbox"/>	Plan 2 <input type="checkbox"/>	
Washington State Patrol Retirement System	Plan 1 <input type="checkbox"/>	Plan 2 <input type="checkbox"/>	
Judicial Retirement System	<input type="checkbox"/>		

Is the employee a retiree of a Washington State Retirement System? Yes ☐ No ☐

I have verified the information above by using MRV or contacting a DRS Representative.

BPROS staff signature _____ Date _____

Send form with completed employee section to:

Benefits, Payroll and Retirement Operations, CNK-ES-0240

*RCW 41.50.139 requires employers to solicit this information from all new employees.